

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

Office: 242 State Street, Augusta, Maine

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## FEB - 8 2008 MAINE ETHICS COMMISSION

## 2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

☐ Please check if this is an update to a pre	viously filed statement for the calendar year 2	2007. 				
	LEGISLATOR INFORMATION					
Name Sullivan		Member of: ☐ House				
Mailing address 20 Westwood DR.		District 4				
City, zip code  Biddeford ME	04005	Phone (201) 282-5594				
PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER						
List the name and address of each employed principal type of economic activity of each em	er from whom you received compensation on ployer.	of \$1,000 or more. Specify the				
Name of Employer	Address	Principal Type of Economic Activity of Employer				
City of SACO	Saco 04072	Teacher				
City of SACO State of ME.	Augusta 04333	Senator				
	,					
PART 2. INCOME DERIVED FROM SELF-EMPLOYMENT  (For Legislators who are self-employed.)						
A. List the name and address of your busing derived income. If associated with a partner areas of economic activity of that entity.	ness, if any, and list the major areas of ecship, firm, professional association, or simila	onomic activity from which you ar business entity, list the major				
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)				
Name: Address:						
Name:						
Address:						

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOY (For Legislators who are self-employed.)	MENT
B. List each source of income derived from self-employment that represents more than 10% of your is greater, and specify the principal type of economic activity of the entity or person from whom you disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the principal type of the entity or person from whom the income was derived.	derived such income. If this form of rincipal type of economic activity of
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name: Address:	
Name: Address:	
PART 3. MAJOR AREAS OF PRACTICE (For Legislators who are attorneys-at-law only.)	
List your major areas of practice. If associated with a law firm, list the major areas of practice of your	firm ,
Name and Address of Firm Major Areas of Practice (self)	TO THE PERSON STREET,
Name: Address:	
Name: Address:	
PART 4. OTHER SOURCES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include	gifts. If none, check the box.
None	201/2 - 1844 - 1845 - 1845 - 1845 - 1845 - 1845 - 1845 - 1845 - 1845 - 1845 - 1845 - 1845 - 1845 - 1845 - 1845 2
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name:	
Address:	
Name:	APACA JOHNA
Address:	
PĀRT 5. REPORTĀBLĒ LIABILITIĘS	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received during the rareas of economic activity of each creditor. Do not list loans from a relative. If none, check the box	reporting period, and list the major
☑ None	Principal Type of Economic
Name and Address of Creditor	Activity of Creditor
Name:	
Address:	
Name: Address:	
PART 6. REPORTABLE GIFTS	· • • • • • • • • • • • • • • • • • • •
List the specific source of each gift of more than \$300. Include gifts with an aggregate value of more none, check the box	than \$300 from a single source. If
None	· · · · · · · · · · · · · · · · · · ·
Name of Source of Gift Name of S  1. 3.	Source of Gift
2. 4.	TOTAL COLOR COLOR CONTRACTOR CONT

PART 7. REPORTABLE	HONOI	RARIA	· · · · · · · · · · · · · · · · · · ·			
List the source of any honoraria accepted for appearances or speeches rel	ated to y	our offi	icial duties. If none, check the box.			
☐ None		hanna a gara				
Name of Source of Honoraria	* * *	Ņā	ame of Source of Honoraria			
1. State Legislature Leaders Foundation	and the second s	7.00 = 2.0				
2. 4.						
PART 8. REPRESENTATION BEFORE STATE AGENCIES						
List each executive branch agency before which you represented or assis the box.	ted othe	ers for o	compensation of any amount. If none, check			
None	to care in the contract of					
Name of Agency	1 4- 14 1 	<u> </u>	Name of Agency			
1. 3.						
2. 4.	·					
PART 9. BUSINESS WITH ST	ATE A	GENC	ÎES			
List each executive branch agency to which you or a member of your immes \$1,000 during the reporting period. If none, check the box.	diate fa	mily sol	d goods or services with a value in excess of			
None			:			
Name of Agency			Name of Agency			
1. 3.	·					
2. 4.						
PART 10. INCOME RECEIVED BY MEMBERS OF IMMEDIATE FAMILY						
PART 10. INCOME RECEIVED BY MEMB	ERS OI	= immi	EDIATE FAMILY			
List the type of economic activity representing each source of income of \$ (ren) during the reporting period and the kind of income represented. Do n "D" for income received by dependents.	1,000 o	r more	received by your spouse or dependent child			
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List the type of economic activity representing each source of income of \$\frac{1}{2}\$ (ren) during the reporting period and the kind of income represented. Do not not not not received by dependents.  Type of Economic Activity Representing Source of Income Received  1. State of Maine - House Chamber 2. Unemployment 3.  4. Signature  A Legislator who willfully fails to file a required statement is subject to (1 M.R.S.A. § 1017-A)  The intentional filing of a false statement is a Class E crime. If the Continuation of the c	1,000 o ot include appropriate	r more le gifts.  cle gifts.  D  D  D  of \$10  on concheral.  d state stion ar	received by your spouse or dependent child Circle "S" for income received by spouse or  Kind of Income  WageS  Document ClerK  Compensation  per business day until the report is filed.  Cludes that it appears that a Legislator has ment or has willfully filed a false statement, and shall be precluded from yoting on any			
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NAME:	DATE:	<b>6</b> 7 97
ADDRESS:		
1. S. :	ADDITIONAL INFORMATION	* · · · · · · · · · · · · · · · · · · ·
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